

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 06/21/01 and 06/28/01.
- b. The initial request was received on 06/18/02 and the additional information was received on 07/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Medical Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Letter to Compliance and Practices
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/05/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/06/02. The responses from the insurance carrier were received in the Division on 07/10/02 and on 07/16/02. Based on 133.307 (i) the insurance carrier's responses are considered timely.
4. Notice of "A letter Requesting Additional Information" submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/23/02
“With the initial Request For Medical Dispute Resolution you should have received the TWCC 60 Forms and Tables, a letter to Compliances and Practice, Confirmation of a fax for reconsideration sent on 5/6/02 to the IC, a position statement sent to them stating our reasoning, and HCFA’s requesting reconsideration for 2 dates of service totaling 1 page.... Enclosed with the additional information is a patient profile and referral and soap notes for all disputed dates of service. Also enclosed is a fax cover sheet and note sent to the IC on 6/20/02 with all notes and documentation for all original dates of service since apparently our correspondence had been going to the wrong place all along.... it was stated in their response to the TWCC that ‘MDR ruled that no \$\$ were due for 6-7-01 through 12-11-01.’ We have no copy or record of such denial.”
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only dates of service eligible for review are 06/21/01 and 06/28/01.
2. Per the provider’s TWCC-60, the amount billed is \$420.00; the amount paid is \$0.00; the amount in dispute is \$420.00.
3. The carrier failed to submit EOBs or Medical Audits with denial codes explaining the actions taken against the provider. The provider sent a letter dated 08/05/02 to the Compliance and Practices Unit of TWCC stating, “The carrier has failed to provide Reconsideration Explanation of Benefits and/or medical audit summaries within the required 28-day period for the dates of 6/21/01 through 6/28/01
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/21/01	97032	\$66.00	\$0.00	None	\$22.00 per each 15 in.	Rule 133.304 (c); CPT descriptors	In accordance with Rule 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial.
6/28/01	97139- AC	\$96.00			DOP		Reimbursement in the amount of \$372.00 is recommended.
	99213	\$48.00			\$48.00		
	97032	\$66.00			\$22.00 per each 15 in.		
	97139- AC	\$96.00			DOP		
06/28/01	97032	\$48.00	\$0.00	None	\$22.00 per each 15 in.	Rule 133.07 (e) (1) (A)	The provider failed to submit a reconsideration HCFA for the second CPT code 97032 listed on the TWCC-60 Table of Disputed Services for DOS 06/28/01. No reimbursement is recommended.

Totals	\$420.00	\$0.00		The Requestor is entitled to reimbursement in the amount of \$372.00 .			
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V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$372.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of November 2002.

Donna M. Myers
Medical Dispute Officer
Medical Review Division

DMM/dmm